

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012967	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2016
---	--	--	--

NAME OF PROVIDER OR SUPPLIER
LEXINGTON OF CHICAGO RIDGE

STREET ADDRESS, CITY, STATE, ZIP CODE
10300 SOUTHWEST HIGHWAY
CHICAGO RIDGE, IL 60415

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 1690683/IL83228 - 300.695 b)1)3)c)1)4) 1690687/IL83231 - 300.695 b)1)3)c)1)4)	S 000		
S9999	Final Observations Statement of Licensure Violations 300.695 b)1)3) 300.695c)1)4) Section 300.695 Contacting Local Law Enforcement b) The facility shall immediately contact local law enforcement authorities (e.g., telephoning 911 where available) in the following situations: 1) Physical abuse involving physical injury inflicted on a resident by a staff member or visitor; 3) Sexual abuse of a resident by a staff member, another resident, or a visitor; c) The facility shall develop and implement a policy concerning local law enforcement notification, including: 1) Ensuring the safety of residents in situations requiring local law enforcement notification; 4) Seeking advice concerning preservation of a potential crime scene; Based on interview and record review, the facility failed to report a sexual abuse allegation and a witnessed resident to resident physical assault to the local police department for 2 of 9 residents	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE
03/30/16

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012967	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2016
---	---	--	--

NAME OF PROVIDER OR SUPPLIER LEXINGTON OF CHICAGO RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>(R10, R12) reviewed for abuse in the sample of 15 and failed to develop a policy addressing preservation of a crime screen after a sexual abuse allegation.</p> <p>Findings include:</p> <p>Face sheet documents R10 was admitted to the facility on 12/31/12 with the diagnoses of Alzheimer's disease. Initial Report 1/12/16 documents R10 told E5 (Social Service Manager) that during the night 1 or 2 people came into the room during the night and put an object into her vagina. E5 reported this allegation to E1 (Administrator) on 1/12/16 at 4:20pm. R10's Power of Attorney declined police notification and emergency room visit. Witness Statement by Z8 (Family) documents R10 states things that aren't true and Z8 does not want to put R10 through anything traumatic, like assessments at the hospital. The witness statement does not address notification of the police. On 2/16/16 at 1:30pm, E5 (Social Service) stated Z8 declined an emergency room visit and police notification because R10 has a history of delusions.</p> <p>Initial Report 7/9/15 documents that on 7/8/15 at 8:45pm, R14 was standing above R12 in their room and had punched R12 several times. R14 is no longer in the facility. Fax confirmation sheet documents this allegation was faxed to IDPH on 7/9/15 at 4:48pm, 20 hours after the event. The Incident Report 7/8/15 documents the allegation of physical abuse was substantiated. On 2/16/16 at 12pm, E1 (Abuse Coordinator) stated this incident was not reported to the police because R12 did not have any serious injuries.</p> <p>Abuse Prevention Program - Informing Law</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012967	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/16/2016
---	---	--	--

NAME OF PROVIDER OR SUPPLIER
LEXINGTON OF CHICAGO RIDGE

STREET ADDRESS, CITY, STATE, ZIP CODE
**10300 SOUTHWEST HIGHWAY
CHICAGO RIDGE, IL 60415**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 Enforcement Agencies - The Administrator or designee will contact local police and IDPH immediately, but not later than 2 hours after forming the reasonable suspicion that an event has risen to the level of a crime resulting in serious bodily injury. If there is a reasonable suspicion than event has risen to the level of a crime that does not involve serious bodily injury, then Administrator or designee will contact and local police within 24 hours of forming the reasonable suspicion. This policy does not address preservation of a crime screen after a sexual assault allegation. (B)	S9999		